

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03096

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County.....

St. Marys

City or town.....

Leonardtown Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 8 years

Hospital, institution, or street address where death occurred:

Leonardtown Maryland

How long in hospital or institution?.....

## 3. (a) FULL NAME

George Wilmer Delahay

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male white married

6. (b) Name of husband or wife

Genevieve Beach

7. Birth date of  
deceased (mo., day, yr.)

6. (c) If alive, give age..... 42 years

8. AGE: Years

43

Months

Days

If less than one day

16 hra. min.

9. Birthplace..... Compton Co. Maryland

(Town, County, and state)

10. Usual occupation..... Manager of store

11. Industry or business

same

12. Name..... Francis Delahay

13. Birthplace..... St. Marys Co.

14. Maiden name..... Eda Duray

15. Birthplace..... St. Marys Co.

16. Informant..... Mrs. George W. Delahay

Address..... Leonardtown Maryland

17. Burial..... Date thereof..... March 24, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... St. Francis Xavier

Location..... Compton Maryland

18. Funeral director..... W. C. Hartley Son

Address..... Leonardtown Maryland

19. Date reg'd by registrar..... 3/23/48

(Date reg'd by registrar) 1948

Registrar.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

St. Marys

City or town.....

Leonardtown

(If outside city or town limits, write RURAL and give nearest town)

Street No. ....

(If rural, give LOCATION)

2. (a) If veteran, name war.....

## 3. (b) Social Security Number

577-09-4762

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... March 22 1948, at 11:15 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

March 18 1948 to March 22 1948

and that I last saw him alive on March 20 1948

Immediate cause of death..... Pulmonary

Tuberculosis  
(Hemorrhage)

DURATION

2 yrs

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) .....

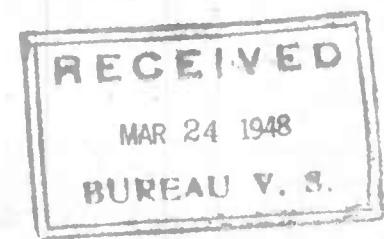
Name of injury.....

Injured at work? .....

23. SIGNATURE.....

M. D. or other

Address..... Leonardtown Maryland Date signed..... March 22 1948



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03097

## CERTIFICATE OF DEATH

Reg. Dist. No. 286

## 1. PLACE OF DEATH:

County

Rural Avenue and

(If outside city or town limits, write RURAL and give nearest town)

City or town

28 yrs

Now long in above place of death

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

John Edward Eddy

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

m

w

married

6. (b) Name of husband or wife

Rural Avenue and

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age

years

1868

8. AGE:

Years

Months

Days

If less than one day

80

-

-

hrs.

min.

9. Birthplace

Rural Avenue and

(Town, county, and state)

10. Usual occupation

Painter

11. Industry or business

MOTHER FATHER

12. Name

John Wilson Eddy

13. Birthplace

Rural Avenue and

14. Maiden name

Mary Elizabeth

15. Birthplace

Rural Avenue and

16. Informant

John Edward Eddy

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Saved

18. Funeral director

John Edward Eddy

Address

Rural Avenue and

19. (Date rec'd by registrar)

1948

R. S. Johnson

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

Shady

City or town

Rural Avenue and

Street No.

(If outside city or town limits, write RURAL and give nearest town)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

3-7

1948 at 11 a.m.

I CERTIFY that death occurred on the date above stated; that I attended deceased from

1948 at 11 a.m. to 1948 at 11 a.m.

end that I last saw him alive on

Immediate cause of death

cardiac

hypertension

Due to

from a stroke

Due to

arterial sclerosis

Other conditions

cardiac

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

## 23. SIGNATURE

Robert V. Palmer

M. D. or other

Address

Rural Avenue and

Date signed

RECEIVED

MAR 12 1948

BUREAU F. B. I.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03098

## CERTIFICATE OF DEATH

83a  
Reg. Dist. No.

284

## 1. PLACE OF DEATH:

County

St. Mary's

City or town

Rural Clermont

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

3 mos.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Mary Elizabeth West

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

W. Widowed

6. (b) Name of husband or wife

James West

7. Birth date of deceased (mo., day, yr.)

2-15-1871

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

22 1 10

hrs.

min.

9. Birthplace

Baltimore, Maryland

(Town, county, and state)

10. Usual occupation

None

11. Industry or business

Mother born in Pittston

Pennsyl.-Mingo Co.,

12. Name

Mary Elizabeth West

13. Birthplace

Baltimore, Maryland

14. Maiden name

Mary Elizabeth West

15. Birthplace

Baltimore, Maryland

16. Informant

Edward Wilfred West

Address

Clermont, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

3-27-48

(month) (day) (year)

Cemetery or crematory

St. Joseph's

Location

Westview Cemetery

18. Funeral director

Westview Mortuary

Address

Westview Mortuary

19. Date rec'd by registrar

19-48 M. V. Palmer

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

and

County

St. Mary's

City or town

Rural Clermont

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH 3-25-1948 at 4 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

3-4-1948 to 3-25-1948

and that I last saw her alive on 3-24-1948

Immediate cause of death

Cerebral

apoplexy

Stroke

Due to

Chemical substance

6 d

Due to

Chemical substance

6 d

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

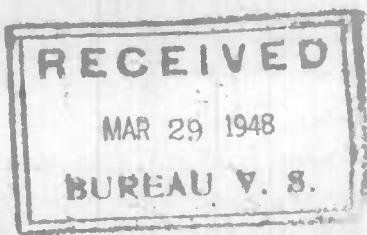
Means of injury

Injured at work?

23. SIGNATURE M. D. or other

Address

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03099

## CERTIFICATE OF DEATH

Reg. Dist. No. 281

## 1. PLACE OF DEATH:

County

City or town

St. Mary's  
Rural Park Hall

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Lawrence Edward Somerville

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male Black single

B. (b) Name of husband or wife

7. Birth date of  
deceased (mo., day, yr.)

6. (c) If alive, give age

years

June - 3 - 1947

8. AGE:

Years

Months

Days

If less than one day

- 9 13 hrs. min.

9. Birthplace

Park Hall, Md.

(Town, county, and state)

10. Usual occupation

nurse

11. Industry or business

MOTHER FATHER

David L Somerville

12. Name

Park Hall, Md.

13. Birthplace

Mary Daisy Penwick

14. Maiden name

Park Hall, Md.

15. Birthplace

Daisy Somerville

16. Informant

Park Hall, Md.

Address

Burial

Date thereof 3-16-48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

St. James

Location

St. James, Md.

18. Funeral director

Ernest Robinson

Address

Dameron, Md.

19. 3-16-1948

(Date rec'd by registrar)

Officer in charge  
Local Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary's

City or town Phral Park Hall

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1948 at 10:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 9, 1948, to March 16, 1948

and that I last saw him alive on March 16, 1948

Immediate cause of death

Bronch pneumonia 2 days

Due to acute bronchitis 1 week

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

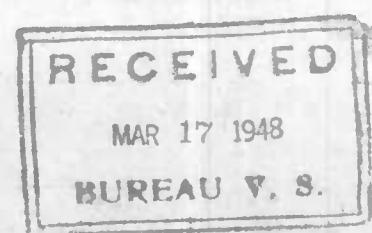
Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work

23. SIGNATURE Og Beary, M.D. M. D. or other

Address Great Mills, Md. Date signed 3-16-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

97

03100

## CERTIFICATE OF DEATH

Reg. Dist. No. 282

## 1. PLACE OF DEATH:

County

St. Marys

Park Hall Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Park Hall Maryland

How long in hospital or institution?

## 3. (a) FULL NAME

Mary Elizabeth Somerville

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female Colored widowed

6. (b) Name of husband or wife

James R. Somerville

7. Birth date of

deceased (mo., day, yr.)

6. (c) If alive, give age..... years

april 6 - 1857

8. AGE:

Years

Months

Days

If less than one day

90

11

1

hrs. min.

9. Birthplace

Park Hall Maryland

(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

MOTHER FATHER

John L. Collier

12. Name

13. Birthplace

St. Marys Co

14. Maiden name

Millee Collier

15. Birthplace

St. Marys Co

16. Informant

Sadie Hall

Address

67 Margarite St Laurel Lake

Burial

Date thereof March 8-1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Fairview

Location

Hermannville Maryland

18. Funeral director

W.C. Martin by son

Address

Leonardtown Maryland

19.

(Date rec'd by registrar)

1948

Cause

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

St. Marys

City or town

Park Hall

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

March 7 1948 at 7:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased on

Jan 30 1948 to

and that I last saw her alive on Jan 30 1948

Immediate cause of death

Arterio-sclerosis

DURATION

Due to

Senility

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, list in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

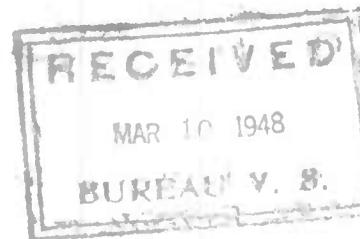
Injured at work?

23. SIGNATURE

M. D. or other

Address Date signed

3/8/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03161

## CERTIFICATE OF DEATH

Reg. Dist. No. 284

## 1. PLACE OF DEATH:

County ST. MARY'S  
City or town Mechanicsville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 18 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

THOMAS STEWART

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

MCWIDOWED6. (b) Name of husband or wife Fannie Stewart

7. Birth date of deceased (mo., day, yr.)

Aug 4 - 1871

6. (c) If alive, give age years

8. AGE:

Years 76 Months 7 Days 8 If less than one day

hrs.

min.

9. Birthplace

MARYLAND

(Town, county, and state)

10. Usual occupation

NIGHT WATCHMAN

11. Industry or business

ALEXANDER STEWART

12. Name

ST MARY'S CO MD

13. Birthplace

MARY Young

14. Maiden name

ST MARY'S CO MD

15. Birthplace

TERESA SPEARS

16. Informant

Leopardtown Md

Address

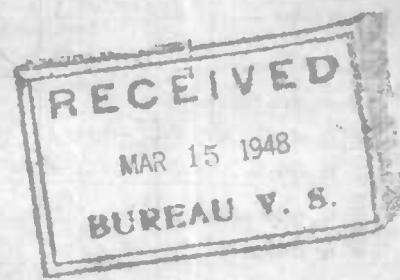
Burial

(Burial, cremation, or removal, Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory ElmwoodLocation New Market MdElmwoodHughesville MdElmwood



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

107  
03102

## CERTIFICATE OF DEATH

Reg. Dist. No. 282

## 1. PLACE OF DEATH:

County: St. Marys  
City or town: Great Mills, Md.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 days

Hospital, institution, or street address where death occurred: Great Mills, Maryland

How long in hospital or institution?

## 3. (a) FULL NAME

Male White Single

6. (b) Name of husband or wife:

7. Birth date of deceased (mo. day. yr.) July 2, 1936

8. AGE: Years 11 Months 8 Days 22 If less than one day hrs. min.

9. Birthplace: California, Maryland, Md.

10. Usual occupation:

11. Industry or business: Great Mills, Maryland

12. Name: Great Mills, Maryland

13. Birthplace: Great Mills, Maryland

14. Maiden name: Peter

15. Birthplace: Great Mills, Maryland

16. Informant: Peter J. Strickland

Address: Great Mills, Md.

17. Burial: Cemetery Date thereof: March 23, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: Ebenezer Cemetery

Location: California, Maryland

18. Funeral director: W. C. Mattingly, Son

Address: Leonardtown, Maryland

19. Date rec'd by registrar: 3/24/48

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: S. C. County: St. Marys

City or town: Great Mills  
(If outside city or town limits, write RURAL and give nearest town)

Street No.: (If rural, give LOCATION)

2.(a) If veteran, name war:

3. (b) Social Security Number: STRICKLAND

## MEDICAL CERTIFICATION

20. DATE OF DEATH: March 23, 1948, at 4:17 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on 3-23-48 1948

Immediate cause of death: Bronchitis - Pneumonia

DURATION: 1 day

Due to: Acute Respiratory Infection

Due to:

Other conditions: Generalized infantilism

(Include pregnancy within 3 months of death)

Major findings of operations:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

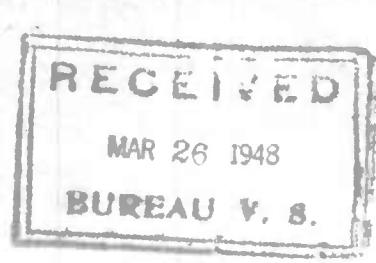
Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Mr. H. Strickland

M. D. or other

Address: Lexington Park, Md. Date signed: 3-24-48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03193

## CERTIFICATE OF DEATH

Reg. Dist. No. 202

## 1. PLACE OF DEATH:

County ST. MARY'S

City or town OAKS

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 year

Hospital, institution, or street address where death occurred:

charlottesville hall md

How long in hospital or institution?

## 3. (a) FULL NAME

Mary Ellen Thomas

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

FEMALE

COLORED

MARRIED

6. (b) Name of husband or wife

John J. Thomas

7. Birth date of deceased (mo. day, yr.)

May - 17 - 1926

6. (c) If alive, give age. years

8. AGE:

Years

Months

Days

If less than one day

21 7 25 hrs. min.

9. Birthplace

Lovesville St. Mary's Maryland

(Town, county, and state)

10. Usual occupation.

house wife

11. Industry or business

unknown

MOTHER FATHER

12. Name

unknown

13. Birthplace

Mary A. Lovesville

14. Maiden name

St. Mary's and

15. Birthplace

John J. Lovesville

16. Informant

Lovesville Maryland

Address

Cemetery

17. (Initial, cremation, or removal. Which?)

Date thereof March 6 1948

Cemetery or crematory

St. Joseph Cemetery

Location

Morganza Maryland

18. Funeral director

W. C. Mattingly Sons

Address

Concordtown MD

19. (Date rec'd by registrar)

15

Date

3/14

Year

48

Caledon

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

St. Mary's

City or town

Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. Charlotte Hall

(If rural, give LOCATION)

2. (a) If veteran, name war.

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1948

21. CERTIFY that death occurred on the date above stated; that I attended deceased from Deed when first seen.

and that I last saw him alive on 19

Immediate cause of death

Carditis

Due to

due

Due to

Other conditions heart attack of liver

etc

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

## 23. SIGNATURE

John S. Lee M.D. M. D. or other

Address Concordtown, MD Date signed 3/11/48

RECEIVED

MAR 16 1948

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03194

## CERTIFICATE OF DEATH

159  
Reg. Dist. No. 282

1. PLACE OF DEATH: St. Mary's  
 County Great Mills  
 City or town Great Mills  
 (If outside city or town limits, write RURAL and give nearest town)  
 Now long in above place of death? 1 day  
 Hospital, Institution, or street address where death occurred:  
none  
 Now long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County St. Mary's  
 City or town Great Mills  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. off Route 5  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war? none  
 3. (b) Social Security Number none

3. (a) FULL NAME Roy Ignatius Woodland  
 4. Sex Male 5. Color or race C 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife none

7. Birth date of deceased (mo., day, yr.) March 10, 1948 6. (c) If alive, give age years

8. AGE: Years 0 Months 0 Days 1 If less than one day hrs. 0 min. 0

9. Birthplace Great Mills  
 (Town, county, and state)

10. Usual occupation none

11. Industry or business none

12. Name Roy Woodland

13. Birthplace Hughesville, Md.

14. Maiden name Alice Woodland

15. Birthplace Chaptico, Md.

16. Informant Father

Address Great Mills, Md.

17. Burial Burial Date thereof 9/11/48

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Great Mills

Location Great Mills

18. Funeral director Roy Woodland

Address Great Mills, Md.

19. 3/11/48 18 Caesarean

(Date rec'd by registrar)

Registrar Julia J. Woodland

M. D. or other MD

Date signed 3/11/48

Address Hydeston, Md.

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03194

Reg. Dist. No. 282

159

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